



THE CITY OF  
**COLUMBUS**  
ANDREW J. GINTHER, MAYOR

RECREATION AND PARKS  
DEPARTMENT

## P.L.A.Y.

### Private Leisure Assistance for Youth Eligibility/Application Form

**P.L.A.Y.** sponsors youth, 18 years or younger, from financially limited families, in enrichment programs offered by the **Columbus Recreation & Parks Department**, by offering grants to those individuals meeting the eligibility guidelines stated below.

- PLAY grants are limited to one grant award per session per applicant up to a maximum allocation of \$20. The applicant will be responsible for any fees above and beyond this amount and will need to be paid at the class site.
- The amount of financial assistance available through PLAY is subject to change on an annual basis. Applications will be verified and kept confidential.

#### How to apply

- Complete form below.
- Proof of Eligibility must be provided by the legal guardian and it can be one of the following:**
  - Most recent federal income tax return showing adjusted gross income and number of dependents
  - Copy of your Medicaid/Caresource/Molina health card
  - Copy of your ADC card
- Sign and date the application at the bottom of this page.
- Return completed PLAY Application, with proof of eligibility, to your local community center staff at the time of class registration.

#### **Please complete the following information (please print):**

Circle session requested:    Winter            Spring            Summer            Fall I            Fall II  
(Circle only one of above choices)

Applicants **BIRTH** Date: \_\_\_\_/\_\_\_\_/\_\_\_\_            Male \_\_\_\_            Female \_\_\_\_

Name of Applicant: \_\_\_\_\_

Name of Legal Guardian: \_\_\_\_\_

Mailing Address: \_\_\_\_\_ City: \_\_\_\_\_ OH Zip Code: \_\_\_\_\_

Phone Numbers: (work) \_\_\_\_\_ (home) \_\_\_\_\_

PROGRAM: \_\_\_\_\_ COST: \$ \_\_\_\_\_ LOCATION: \_\_\_\_\_

Day(s) program meets: (circle) M T W R F S    Time: \_\_\_\_\_ Starting Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

*Note: Eligibility does not guarantee you a space in the program.*

#### **STAFF: Please circle appropriate form of verification and sign application below:**

Recent federal income tax return

Medicaid

ADC

I certify that the above and attached information is true and complete to the best of my knowledge. I agree, if necessary, to send additional information and documentation to support the above statements. I understand that financial assistance is based on need, but does not automatically guarantee a selection. I further understand P.L.A.Y. participants are randomly selected based on the number of grants available.

Signature of Legal Guardian \_\_\_\_\_ Date \_\_\_\_/\_\_\_\_/\_\_\_\_

CRPD Staff Signature \_\_\_\_\_ Date \_\_\_\_/\_\_\_\_/\_\_\_\_